FORM

STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **AND WAGES PAID**

CALENDAR YEAR

FORM HW-2

COPY A — For Hawaii State Tax Collector

| HW-2 REV. 1996) |
|------------------------------|
| |
| MPLOYEE'S Name, Address, and |

ZIP code Social Security Number:

| | | , |
|---|--|--|
| | | |
| | | |
| | | Corrected |
| Total Wages (Before Payroll Deductions) 1996 | Hawaii Income Tax Withheld | Payments Not included in Total Wages |
| \$ | \$ | (Indicate Nature of Payment) |
| EMPLOYER'S Name, Address, & Hawaii With | | (mareau realize err symeny |
| | | EMPLOYER : See Instructions on reverse side. |
| | | FORM HW-2 |
| FORM STA' HW-2 | TATE OF HAWAII — DEPARTMENT OF TA TEMENT OF HAWAII INCOME TAX V AND WAGES PAID | VITHHELD CALENDAR YEAR 19 96 |
| (REV. 1996) EMPLOYEE'S Name, Address, and ZIP code | Social S | COPY A — For Hawaii State Tax Collector Security Number: |
| Total Wages (Before Payroll Deductions) 1996 \$ EMPLOYER'S Name, Address, & Hawaii With | Hawaii Income Tax Withheld \$ | Payments Not included in Total Wages \$ (Indicate Nature of Payment) |
| Ψ EMPLOYER'S Name, Address, & Hawaii With | · | EMPLOYER: See Instructions on reverse side. |
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| EMPLOYEE'S Name, Address, and ZIP code | Social S | ecurity Number: |
| | | Corrected |
| Total Wages (Before Payroll Deductions) 1996 | Hawaii Income Tax Withheld | Payments Not included in Total Wages \$ |
| \$ | \$ | (Indicate Nature of Payment) |
| EMPLOYER'S Name, Address, & Hawaii With | holding Identification Number | EMPLOYER: See Instructions on reverse side. |

TO EMPLOYER

- Prepare this form for each employee to whom wages have been paid.
- 2. Fill in -
 - (a) The employee's name, address, ZIP code and social security number.
 - (b) Total wages subject to withholding, or paid to blind deaf, or totally disabled persons.
 - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "n"
 - (d) Amount of payment, not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 10.)
 - Your name, address, and Hawaii Withholding Identification Number.

- Give copies B and C to the employee on or before January 31 following the calendar year, or on the day the last payment of wages is made, if his or her employment is terminated before the close of such calendar year.
- Forward Copy A to the Hawaii State Tax Collector in accordance with the instruction printed on Form HW-3, Employer's Return and Reconciliation of Hawaii Income Tax Withheld From Wages.
- 5. For further information, see Booklet A Employer's Tax

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FORM **HW-2** (REV. 1996)

STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID

CALENDAR YEAR

19**96**

FORM HW-2

COPY B — To Be Filed With Employee's Tax Return

| (KEV. 1990) | | |
|-----------------|---------|--------------|
| EMPLOYEE'S Name | Address | and ZIP code |

Social Security Number:

| | | Corrected |
|---|---|---|
| Total Wages (Before Payroll Deductions) 1996 | Hawaii Income Tax Withheld | Payments Not included in Total Wages |
| \$ | \$ | (Indicate Nature of Payment) |
| EMPLOYER'S Name, Address, & Hawaii Withh | • | EMPLOYEE: This is not a tax return. |
| | | but must be filed with your Hawaii Income Tax Return for 1996. See reverse side of this copy & Copy C for Instructions. |
| | | FORM HW-2 |
| | ATE OF HAWAII — DEPARTMENT OF TAX | THHELD CALENDAR |
| HW-2 | AND WAGES PAID | YEAR 19 96 |
| (REV. 1996) EMPLOYEE'S Name, Address, and ZIP code | | DPY B — To Be Filed With Employee's Tax Return curity Number: |
| | | Corrected |
| Total Wages (Before Payroll Deductions) | Hawaii Income Tax Withheld | Corrected Payments Not included in Total Wages |
| 1996 | | \$ |
| S Address & House With h | \$ solding Identification Number | (Indicate Nature of Payment) |
| EMPLOYER'S Name, Address, & Hawaii Withh | loiding identification Number | EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 1996. See reverse side of this copy & Copy C for Instructions. |
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| EMPLOYEE'S Name, Address, and ZIP code | | curity Number: |
| Total Wages (Before Payroll Deductions) 1996 | Hawaii Income Tax Withheld | Corrected Payments Not included in Total Wages |
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| EMPLOYER'S Name, Address, & Hawaii Withh | olding Identification Number | EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 1996. See reverse side of this copy & Copy C for Instructions. |

NOTICE TO EMPLOYEE

This statement is important. It must be filed with your Hawaii Income Tax Return for 1996. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

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CALENDAR YEAR

FORM HW-2

 ${\sf COPY}\;{\sf C--For\;Employee's\;Records}$

| HW-2 REV. 1996) | |
|--|--|
| EMPLOYEE'S Name, Address, and ZIP code | |

Social Security Number:

| | | Corrected |
|---|---|---|
| Total Wages (Before Payroll Deductions) 1996 | Hawaii Income Tax Withheld | Payments Not included in Total Wages |
| \$ | \$ | (Indicate Nature of Payment) |
| EMPLOYER'S Name, Address, & Hawaii With | holding Identification Number | EMPLOYEE: This is your receipt for |
| | | your Hawaii Income Tax withheld. DO NOT LOSE THIS STATEMENT. |
| | | |
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| (REV. 1996) EMPLOYEE'S Name, Address, and ZIP code | Social So | COPY C — For Employee's Records ecurity Number: |
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| HW-2 | AND WAGES PAID | YEAR 19 96 |
| (REV. 1996) EMPLOYEE'S Name, Address, and ZIP code | Social So | COPY C — For Employee's Records ecurity Number: |
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INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for the year 1996 required to be filed on or before April 20, 1997, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

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CALENDAR YEAR

1996

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|--|--|---|
| (REV. 1996) | 0.110 | COPY D — For Employer |
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